



MERGERS & ACQUISITIONS – SUPPLEMENTAL APPLICATION

Firm Name: _____ Policy Number: _____

1. Identify the attorneys in the firm who handle Mergers & Acquisitions.

2. In the past three years, has the firm rendered legal services or advice during the:

- a. Merger of Publicly Held Companies? YES NO
- b. Merger of Privately Held Companies? YES NO
- c. Acquisition of Publicly Held Companies? YES NO
- d. Acquisition of Privately Held Companies? YES NO

3. In the past three years, please list the approximate dollar figure for the three largest **mergers** (total post-merger asset size) where the firm rendered legal services or advice.

- a. \$ _____
- b. \$ _____
- c. \$ _____

4. In the past three years, please list the approximate dollar figure for the three largest **acquisitions** (total approximate purchase price) where the firm rendered legal services or advice.

- a. \$ _____
- b. \$ _____
- c. \$ _____

5. In the past three years, has the firm rendered legal services or advice in connection with the registration of securities associated with a merger or acquisition?

YES NO

6. For every merger and acquisition, does the firm use an engagement letter which specifies the nature and scope of the legal services that will be provided?

YES NO

7. Did/Does the firm, or any attorney within the firm, represent a client in a merger or acquisition where the firm, or an attorney within the firm, owned/owns an equity interest in the client?

YES NO

8. In the past three years, has the firm represented both the acquiring party and the entity being acquired in an acquisition?

YES NO

If yes, did the firm disclose conflicts or potential conflicts and obtain any necessary conflict waivers?

YES NO

OVER

9. In the past three years, has the firm represented both parties to the merger?

YES NO

If yes, did the firm disclose conflicts or potential conflicts and obtain any necessary conflict waivers?

YES NO

This Supplemental Application is part of, and is incorporated by reference into, the Application for Lawyers Professional Liability Insurance submitted by the firm designated above. The individual signing below for the firm certifies that each attorney listed in response to Question 1 of this Supplemental Application has seen a copy of this completed Supplemental Application and agrees that all of the responses provided herein are true and correct.

Signature of Partner, Director, Officer or Owner

Date